

Case Number:	CM14-0176424		
Date Assigned:	10/29/2014	Date of Injury:	05/25/2012
Decision Date:	12/05/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 5/25/12. A utilization review determination dated 9/26/14 recommends non-certification of SNRB. 8/12/14 lumbar spine MRI identifies multilevel lumbar degenerative disc disease, stable from 1/16/14; grade I retrolisthesis of L2 over L3 and L3 over L4, stable from 1/16/14; and small hemangioma within the T12 vertebra, stable from 1/16/14. 8/25/14 medical report identifies low back and left leg pain with burning in the feet. NCS was said to confirm neuropathy, but the specific neuropathy was not identified. On exam, there is antalgic gait, limited ROM, muscle spasm, and tenderness. "Neurologically globally intact with patchy sensory changes. Diminished reflexes. Straight leg raise test positive." Recommendations include water-based PT and potential precision guided injections.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SNRB Left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic

Decision rationale: Regarding the request for SNRB, CA MTUS states that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG states when used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. Within the medical information made available for review, there are no subjective, objective, imaging, or electrodiagnostic findings consistent with radiculopathy and a clear rationale for SNRB has not been presented. In the absence of clarity regarding the above issues, the requested SNRB is not medically necessary.